

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Conservatives Action		FEC IDENTIFICATION NUMBER ▼ C C00524181	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Envision Marketing		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 07 / 2016	
Mailing Address 148 Graves Mill Road		Amount 4847.50	
City Lynchburg	State VA	Zip Code 24502-4202	Transaction ID : ECA1E2652D5EF4891811
Purpose of Expenditure IE-Lee-Direct Mail Production	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 07 / 2016	
Name of Federal Candidate Lee, Mike, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: UT	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Envision Marketing		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2016	
Mailing Address 148 Graves Mill Road		Amount 4210.55	
City Lynchburg	State VA	Zip Code 24502-4202	Transaction ID : E50D3D8205C6841DE921
Purpose of Expenditure IE-Lee-Direct Mail Production	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2016	
Name of Federal Candidate Lee, Mike, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: UT	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	9058.05
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kilgore, Paul, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 12 / 2016

Signature

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(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Conservatives Action		FEC IDENTIFICATION NUMBER ▼ C C00524181	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Envision Marketing		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 11 / 2016	
Mailing Address 148 Graves Mill Road		Amount 2794.37	
City Lynchburg	State VA	Zip Code 24502-4202	Transaction ID : E932CADD5D5C6483AB1E Date of Disbursement or Obligation MM / DD / YYYY 10 / 11 / 2016
Purpose of Expenditure IE-Lee-Direct Mail Production		Category/Type	
Name of Federal Candidate Lee, Mike, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: UT
Calendar Year-To-Date Per Election for Office Sought		11852.42	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2794.37
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	11852.42

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kilgore, Paul, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 12 / 2016

Signature